

GIC Health Plan Rates
MONTHLY RATES AS OF JULY 1, 2017
FOR THE TOWN OF HOLBROOK ENROLLEES

INCLUDING THE 0.35% ADMINISTRATIVE FEE

Active Employees, Retirees and Survivors without Medicare

	Teacher Who Retired Before July 1, 2008 Pays Monthly %	Teacher Who Retired Before July 1, 2008 Pays Monthly \$	Teacher Who Retired Before July 1, 2008 Pays Monthly \$	Employee and Non-Medicare Retiree/ Survivor Pays Monthly %	Employee and Non-Medicare Retiree/ Survivor Pays Monthly \$	Employee and Non-Medicare Retiree/ Survivor Pays Monthly \$
Health Plan		Individual Coverage	Family Coverage		Individual Coverage	Family Coverage
Fallon Health Direct Care	10%	55.47	133.12	12%	66.56	159.74
Fallon Health Select Care	10%	73.71	176.89	12%	88.45	212.27
Harvard Pilgrim Independence Plan	10%	82.42	201.11	12%	98.91	241.33
Harvard Pilgrim Primary Choice Plan	10%	62.07	151.45	12%	74.48	181.74
Health New England	10%	54.82	135.9	12%	65.78	163.08
NHP Prime (Neighborhood Health Plan)	10%	55.40	146.82	12%	66.48	176.19
Tufts Health Plan Navigator	10%	72.88	177.84	12%	87.46	213.41
Tufts Health Plan Spirit	10%	55.33	133.19	12%	66.39	159.83
UniCare State Indemnity Plan/Basic with CIC (Comprehensive)	10%	103.08	243.05	30%	311.64	729.16
UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive)	10%	99.18	232.15	30%	297.54	696.46
UniCare State Indemnity Plan/Community Choice	10%	52.06	124.95	12%	62.47	149.94
UniCare State Indemnity Plan/PLUS	10%	69.32	165.61	12%	83.18	198.74

Retirees and Survivors with Medicare

	Teacher Who Retired Before July 1, 2008 Pays Monthly Per Person		Retiree and Survivor Pays Monthly Per Person	
Health Plan	%	\$	%	\$
Fallon Senior Plan*	10%	33.62	12%	40.34
Harvard Pilgrim Medicare Enhance	10%	42.31	30%	126.92
Health New England MedPlus	10%	39.48	12%	47.38
Tufts Health Plan Medicare Complement	10%	38.23	12%	45.87
Tufts Health Plan Medicare Preferred**	10%	30.11	12%	36.13
UniCare State Indemnity Plan/Medicare Extension (OME) with CIC (Comprehensive)	10%	38.06	30%	114.19
UniCare State Indemnity Plan/Medicare Extension (OME) without CIC (Non-Comprehensive)	10%	36.99	30%	110.97

***Benefits and rates of Fallon Senior Plan and Tufts Health Plan Medicare Preferred are subject to federal approval and may change on January 1, 2018.**

Rates are calculated by the Town of Holbrook Benefits Office.

RATE QUESTIONS? CALL: 1-781-767-4316

GIC Health Plan Rates

GIC RETIREE DENTAL PLAN <i>Includes 0.35% Administrative Fee</i>	
Monthly GIC Plan Rates as of July 1, 2016	
\$1,250 Maximum Annual Benefit Per Member	
Coverage Type	Retiree Pays Monthly
Single	\$29.47
Family	\$71.00

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